



## **C I T Y   O F   A T L A N T A**

OFFICE OF CONTRACT COMPLIANCE  
55 TRINITY AVENUE, SW, SUITE 1700  
ATLANTA, GEORGIA, 30303  
OFFICE (404) 330-6010  
FAX (404) 658-7359

### **THE EQUAL BUSINESS OPPORTUNITY PROGRAM CERTIFICATION RECERTIFICATION AFFIDAVIT**

Dear EBO Re-Certification Applicant:

It is the responsibility of Certified M/FBE'S to submit a RE-CERTIFICATION AFFIDAVIT no later than two months prior to the expiration date of your previous certification.

If you wish to be re-certified, please complete the attached EBO Re-Certification Affidavit. Your signature must be notarized on the last page of the affidavit, and returned to the Office of Contract Compliance along with a copy of your current business license, list of current projects, and equipment. Be advised that other documents may be requested in order to complete the processing of your re-certification affidavit.

Please return your re- certification package to:

City of Atlanta  
Office of Contract Compliance  
55 Trinity Avenue, S.W.  
Suite #1700  
Atlanta, Georgia 30303

If you have any questions please contact the Office of Contract Compliance at (404) 330-6010.

Accounting  
Advertising/Marketing  
Airport Services  
Architecture  
Asbestos Abatement  
Attorneys  
Audio Visual Services/Audio Visual Supplies  
Automotive Sales/Supplies/Services  
Background Investigation  
Banners/Tents  
Bridges/Tunnels  
Business Consultant  
Cable Services  
CADD  
Carpentry  
Catering  
Chemicals  
City Planning/Urban Design  
Computer Services  
Computer Supplies  
Concessions  
Concrete/Paving  
Construction Management  
Construction Steel  
Construction Supplies  
Counseling  
Courier/Mailing Services  
Data Processing  
Debt Collection  
Demolition  
Development  
Drywall  
Educational Services  
Electrical Contracting  
Electrical Supplies  
Elevator Services  
Employment Services  
Engineering  
Environmental Consultant  
Equipment Supplies  
Erosion Control  
Excavation  
Facilities Management  
Fencing  
Film Production  
Financial Services  
Fire Protection  
Flooring  
Food Supplies  
Gas/Oil  
General Construction/General Contracting  
Geotechnical Engineering  
Glass Services  
Goods Supplies  
Grading  
Hauling  
Hazardous Material Management/Removal  
Healthcare Services  
Heavy Construction

HVAC  
Hydraulics  
Insulation  
Insurance/Bonding  
Interior Construction  
Interior Design  
Janitorial Services  
Janitorial Supplies  
Landscaping  
Mapping  
Masonry  
Medical Supplies  
Moving/Storage Services  
Noise Abatement  
Office Furniture/Office Supplies  
Painting/Wall Covering  
Parking Management  
Pest Control  
Photography  
Pipelaying/Piping  
Plumbing  
Pressure Cleaning  
Printing/Graphics/Publishing  
Professional Training  
Promotions  
Property Management  
Public Relations  
Real Estate  
Recycling  
Renovations  
Retail Food  
Retail Goods & Services  
Roofing  
Security Services  
Signage  
Special Event Planning  
Stenography/Court Reporting  
Telecommunication Services  
Towing Services  
Traffic Control  
Transportation Services  
Trash Removal  
Uniforms  
Utilities Construction  
Valet Parking  
Vehicle Cleaning  
Vending  
Water Meter Service/Repair  
Water/Sewer  
Welding

As of November 13, 2002

**EQUAL BUSINESS OPPORTUNITY (EBO)  
RE-CERTIFICATION AFFIDAVIT**

\_\_\_\_\_  
Name of Business Enterprise:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
City, County, State, Zip Code:

\_\_\_\_\_  
Principal Place of Business at time of Previous Certification:

Project Pending: \_\_\_\_\_yes \_\_\_\_\_no

Name of Project: \_\_\_\_\_

FC# \_\_\_\_\_ Bid Date: \_\_\_\_\_

**Controlling Owners Ethnicity is:**

\_\_\_\_\_ African American Business  
Enterprise

\_\_\_\_\_ Asian Business Enterprise

\_\_\_\_\_ Female Business Enterprise

\_\_\_\_\_ Native American  
Business Enterprise

\_\_\_\_\_ Hispanic Business Enterprise

**The Legal Form of Business is:**

\_\_\_\_\_ Corporation

\_\_\_\_\_ Partnership

\_\_\_\_\_ Limited Partnership

\_\_\_\_\_ Sole Proprietor

\_\_\_\_\_ Limited Liability Co.

Select from the business categories on the list included with this packet, up to three (3) specific areas under which your business should be listed in the City of Atlanta's EQUAL BUSINESS OPPORTUNITY REGISTER.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In an effort to become RE-CERTIFIED for participation in the City of Atlanta's EQUAL BUSINESS OPPORTUNITY PROGRAM, applicant offers the following information as evidence of its qualifications:

**1.**

The name of the principal owner, partner, corporate officer or manager (in

the case of an LLC) is: \_\_\_\_\_

Title: \_\_\_\_\_ Office# ( ) \_\_\_\_\_

Pager#: ( ) \_\_\_\_\_ Mobile # ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Is the principal owner a citizen of the United States? \_\_\_\_yes \_\_\_\_no

If NO, is the principal owner a lawful permanent resident of the United States?  
\_\_\_\_yes \_\_\_\_no

**2.**

The Mailing Address of the Enterprise: \_\_\_\_\_

City	County	State	Zip Code
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Principal Place of Business of the Enterprise: \_\_\_\_\_

City	County	State	Zip Code
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Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**3.**

List the first year and most recent year this enterprise was certified by the City of Atlanta:

First year \_\_\_\_\_ Most recent period of certification \_\_\_\_\_ EBO Cert. # \_\_\_\_\_

**4.**

Has this business enterprise been certified by other M/FBE Programs?

\_\_\_\_yes \_\_\_\_no

If YES, attach documentation.

**5.**

Has this business enterprise been denied certification by other M/FBE Programs?

\_\_\_\_yes \_\_\_\_no

If YES attach documentation.

6.

Has there been any change in the ownership of this business enterprise since its most recent City of Atlanta EBO Certification? \_\_\_\_\_yes \_\_\_\_\_no

If YES, describe changes in detail. The explanation may be completed on additional sheets of paper, if necessary. Attach all documentation, which supports the charges. \_\_\_\_\_

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7.

Has there been any change in the management of this business enterprise since its most recent City of Atlanta EBO Certification? \_\_\_\_\_yes \_\_\_\_\_no

If YES, describe changes in detail. The explanation may be completed on additional sheets of paper, if necessary. Attach all documentation, which supports the changes \_\_\_\_\_

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8.

Has there been any change in the type of business being conducted by the business enterprise since its most recent City of Atlanta EBO Certification?

\_\_\_\_\_yes \_\_\_\_\_no

If YES, list capabilities in detail. The explanation may be completed on additional sheets of paper, if necessary. Attach all documentation, which supports the changes. \_\_\_\_\_

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9.

The name (s) and capacity of those persons authorized to sign checks from the main (operating) checking account are as follows:

Name	Capacity	Name of other joint signatories required
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_____	_____	_____
_____	_____	_____
_____	_____	_____

10.

If a **Corporation**, state number of shares of stock authorized to be issued by Articles of Incorporation, names of current stockholders, and number of shares of stock held by each. If **Sole Proprietor, General Partnership, Limited Partnership, Limited Liability Company**, provide percentage of ownership to designated individual.

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The undersigned does hereby swear or affirm that the foregoing statements and attachments are true, accurate, complete and include all material information necessary to identify and explain the operation of:

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Name of enterprise:

Further, the affiant restates and incorporates herein the complete oath, which was asserted in its original EBO AFFIDAVIT as submitted previously to The Office of Contract Compliance.

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_ in his/her capacity as  
Name of Owner/Principal:

\_\_\_\_\_ of \_\_\_\_\_  
Title: Name of Enterprise:

Sworn To and Subscribed Before Me, this \_\_\_\_\_ Day of \_\_\_\_\_

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Notary Public (include stamp and seal)

**CITY OF ATLANTA**  
**Contract Employment Report**

PLEASE TYPE OR PRINT IN INK. EACH APPLICABLE ITEM ON THIS FORM MUST BE COMPLETED. **INCOMPLETE FORMS WILL NOT BE PROCESSED.**

**NAME OF FIRM:** \_\_\_\_\_ **TELEPHONE No.** \_\_\_\_\_

**NAME OF OWNER:** \_\_\_\_\_ **FAX NO.** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING INFORMATION**

WHAT TYPE OF BUSINESS WOULD YOUR COMPANY BE ENGAGED IN WITH THE CITY OF ATLANTA?

\_\_\_\_\_

IS YOUR COMPANY AN AFFILIATE OR DIVISION OF A PARENT COMPANY? \_\_\_\_\_

IF YOUR COMPANY IS A DIVISION OF A PARENT COMPANY, A CONTRACT EMPLOYMENT REPORT FORM MUST BE COMPLETED FOR THE PARENT COMPANY AS WELL AS THE ATLANTA AREA DIVISION.

HAS YOUR COMPANY PREVIOUSLY RECEIVED AN EEO CERTIFICATION FROM THE CITY OF ATLANTA?

\_\_\_\_\_

**PLEASE LIST THE NUMBER OF EMPLOYEES IN EACH CATEGORY**

	Management/ Officials		Professionals Arch, Engineers, etc		Supervisors		Office/Clerical/Sale s		Craftsmen/Labore rs	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Black										
White										
Asian American										
Native American										
Hispanic										
Other										
<b>TOTAL</b>										

**I CERTIFY THAT ALL REPRESENTATIONS ON THIS CONTRACT EMPLOYMENT REPORT FORM ARE CORRECT AS OF THE DATE STATED.**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT PREPARER'S NAME**

\_\_\_\_\_  
**PREPARER'S SIGNATURE**

\_\_\_\_\_  
**TITLE**